

A Survey for Clients Regarding Personal Health Records (PHRs) that Include Both Physical and Mental Health Information

Please help the California Department of Mental Health by providing your input about Personal Health Records (PHRs) and what guidelines might be needed for their use.

For each question, mark the answer that corresponds to your choice. Please fill in the circle completely.

EXAMPLE: Correct ☒ Incorrect ☒

Demographic Information:

① Gender : ☐ Female ☐ Male

② Age: ☐ Under 16 ☐ 16 - 25 ☐ 26 - 59 ☐ 60+

③ Race/Ethnicity (mark all that apply):

☐ White / Caucasian

☐ Asian

☐ Other:

☐ Black / African American

☐ American Indian / Alaskan Native

☐ Hispanic

☐ Native Hawaiian / Other Pacific Islander

④ Please indicate which personal experiences you have that are most relevant for this survey (mark all that apply):

☐ Mental Health Client

☐ Family member or caregiver of a minor age mental health client

☐ Other (please specify):

Current Use of Email with Your Service Providers:

⑤ Please indicate below when (if at all) you use email to communicate with one or more of your service providers (mark all that apply):

☐ Not at all because I don't have email.

☐ Not at all because none of my service providers offer this way of communicating with them.

☐ Not at all because I don't trust emails to be secure enough to keep my information private.

☐ Sometimes with my medical doctors or their assistants.

☐ Sometimes with one of my mental health service providers.

☐ Frequently with my medical doctors or their assistants.

☐ Frequently with my mental health service providers.

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Getting Information Into Your Record:

6 Please indicate what types of information you might want included in your PHR (mark all that apply):

- ☐ Medications I take and the side effects I experience
- ☐ Diagnoses I have been given
- ☐ My allergies and types of reactions
- ☐ Recent lab and other test results
- ☐ Emergency contact information
- ☐ Lists of current treatment and related services I receive
- ☐ Summary of previous illnesses and treatment services I received for them
- ☐ Family history
- ☐ Current insurance coverage
- ☐ My address, phone number and birth date
- ☐ Other (please specify):

7 There are several ways you might bring information into your PHR. Please indicate which ones you think you would use (mark all that apply):

- ☐ I give permission for my service providers or others who have some of my health care information (e.g., pharmacy, health plan) to directly enter information that I request from my records into my PHR.
- ☐ I give permission to my service providers or others who have some of my health care information (e.g., pharmacy, health plan) to automatically enter updates into my PHR without me having to ask each time they have new information.
- ☐ I ask for a printed copy of whatever information I request from my records so that I can type it into my PHR.
- ☐ Other (please specify):

8 You can also enter your own comments directly into your PHR. Listed below are some of the ways you can do so for your own use or to share with others. Please indicate which of these you think you might want to use (mark all that apply):

- ☐ I would write comments about what my service providers wrote in my chart that was then included in my PHR.
- ☐ I would jot down questions to ask my service providers and record their answers.
- ☐ I would list my recovery and wellness goals and plans.
- ☐ I would track my thoughts, feelings and behaviors related to my treatment.
- ☐ I would note and track my triggers for mental health problems.
- ☐ I would write information I need to remember about my health care benefits and payments.
- ☐ Other (please specify):

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Sharing Your PHR Information with Others:

9 Listed below are some situations when you might need to share your physical or mental health information with others. If you kept a PHR, you could give permission for others to view parts of your PHR instead of trying to remember the information and filling out forms. Please indicate below when you think a PHR would be useful if you had one (mark all that apply):

- ☐ I am about to begin services with a new provider and I send basic registration information to their office from my PHR online before the first visit instead of filling out forms later at their office.
- ☐ One of my treatment providers asks for a summary of medications, lab test results, or other treatments I received from my other general health care providers, and I let my treatment provider view that information in my PHR.
- ☐ I have an accident, am in the emergency room, the attending doctor asks for basic information about my health history and current treatments, and I tell the doctor how to get that information from my PHR.
- ☐ I want one of my service providers to review recent personal notes I made in my PHR about my physical or mental health condition.
- ☐ I want a family member or close friend to review a summary of my recent services or personal notes I made in my PHR about my physical or mental health condition.
- ☐ I am one of many people asked periodically to respond to a privacy-protected population study of public health conditions conducted by a public health agency, and I give permission for them to get the selected data they request from my PHR.

Protecting Your PHR Information:

10 The privacy of your physical and mental health information must be protected. What kind of security protections for your PHR would you prefer? (mark all that apply):

- ☐ I create a password and give it to whomever I want to be able to see my PHR.
- ☐ I arrange for my PHR service provider to divide my health care record into sections according to how private I think the information should be, create separate passwords for each section, and give a person the password for only the section I want that person to see.
- ☐ I prearrange for emergency care providers to bypass my password protections if there is an emergency in which I can't provide the password and my health may be in immediate danger.
- ☐ I create a password for public health agencies to use periodically to obtain selected data from my PHR, without them using my name, as part of their ongoing effort to study public health trends and prevent or manage epidemics.
- ☐ Other (please specify):



Other PHR Services:

11 In addition to a record of your own personal health, a PHR usually provides other services. Several of them are listed below. Please indicate which ones you think you might want to use (mark all that apply):

- ☐ Get general information about physical health conditions I might be experiencing, and recommended treatments for them.
- ☐ Get general information about mental health conditions I might be experiencing, and recommended treatments for them.
- ☐ Get general information about psychiatric medications, including those I might be taking.
- ☐ Get general information about non-medication services for mental health conditions, including those services I might be receiving.
- ☐ Exchange secure, privacy-protected emails with my service provider about my condition and my treatment.
- ☐ Check my service provider's appointment schedule online and schedule an appointment.
- ☐ Receive timely notification of product warnings or recalls regarding the medications I am taking.
- ☐ Other (please specify):

Supporting PHR Services:

12 Several types of organizations are listed below that offer PHRs and related services. Please indicate from which ones you would feel comfortable receiving these services (mark all that apply):

- ☐ My employer (if applicable)
- ☐ My health plan (if applicable)
- ☐ A government agency
- ☐ My doctor or local hospital or clinic
- ☐ An independent organization that provides PHRs and related services

13 How much would you be willing to pay for a PHR to help cover the costs of maintaining it and of supplying related services (mark all that apply):

- ☐ Not willing to pay anything
- ☐ Willing to pay \$1 to \$5 per month
- ☐ Willing to pay \$6 to \$10 per month
- ☐ Willing to pay \$11 to \$15 per month
- ☐ Willing to pay \$16 to \$20 per month

Potential Concerns, Help Needed and Suggestions:

14 Below is a list of the potential concerns people might have about PHRs. Please indicate which ones might be a concern to you (mark all that apply):

- ☐ My PHR may not be secure and people who I don't want to see it may be able to do so.
- ☐ People may be able to change my record without me giving them permission or even knowing about it.
- ☐ The PHR and its services may be too complicated for me to use.
- ☐ If I let my family or others see part(s) of my record, they may also be able to see the parts I don't want them to see.
- ☐ If I let my service providers see part(s) of my record, they may also be able to see the parts I don't want them to see.
- ☐ There may be more risk with computer records than paper records that people can review them who do not have my permission to do so.
- ☐ Reviewing and managing my records may upset me.
- ☐ I may have to pay beyond what I can afford for the PHR service and related computer services.
- ☐ Other (please specify):



15 When you think about the kind of help you might need to make use of a PHR, what types of help seem necessary? (mark all that apply):

- ☐ I do not have a computer and would need one provided to me either in my own home or in a location convenient to where I live.
- ☐ I do not have Internet service and would need it provided to me.
- ☐ I do not know how to work with a computer and would need training.
- ☐ I do not know much about PHRs and would need training so I could use mine effectively.

16 From what you now understand about PHRs, please indicate how useful you think it might be to you (mark only one):

- ☐ Useful ☐ Not Sure ☐ Not Useful

17 What other thoughts and comments do you have that we can pass on to those working on policies for the design of PHRs and their related services?

Thank you for responding to this survey. The results will be communicated to and considered by those who develop policies for PHRs and by those who design them.

PLEASE MAIL YOUR COMPLETED SURVEY BY MARCH 15, 2007, TO:

**California State Department of Mental Health
Performance Outcomes & Quality Improvement Unit
1600 9th Street, Room 130
Sacramento, CA 95814**

